



STATE OF MISSOURI
DEPARTMENT OF INSURANCE
LICENSING SECTION

P.O. BOX 690
JEFFERSON CITY, MO 65102-0690

**BAIL BOND AGENT, GENERAL BAIL BOND AGENT, AND SURETY RECOVERY AGENT
CONTINUING EDUCATION CERTIFICATE OF COURSE COMPLETION**

NOTICE TO PROVIDER:

Retain a list (for each course) containing at least the following information: 1) Provider, 2) Location, 3) Course Title, 4) MO Course Number, 5) Date Course Completed, 6) Number of C.E.C. hours earned, 7) Names of Bail Bond, General Bail Bond or Surety Recovery Agent, 8) Residence Address and 9) Social Security/License Number.


The provider must complete the Certificate of Course Completion. The student must not complete any part of the Certificate of Course Completion.

You may list only one course per Bail Bond Agent, General Bail Bond Agent, and Surety Recovery Agent Continuing Education Certificate of Course Completion.

Provider should retain this information for four (4) years following completion of course.

NOTICE TO LICENSEE:

Keep this certificate for record verification. **DO NOT SEND THIS FORM TO THE DEPARTMENT OF INSURANCE.**

NAME OF BAIL BOND, GENERAL BAIL BOND OR SURETY RECOVERY AGENT		SOCIAL SECURITY/LICENSE NUMBER
RESIDENCE ADDRESS (STREET, CITY, STATE, ZIP CODE)		
COURSE PROVIDER		
COURSE TITLE		
MISSOURI COURSE NUMBER		DATE COURSE COMPLETED
NUMBER OF C.E.C. HOURS EARNED	LOCATION	
SIGNATURE OF AUTHORIZED PROVIDER REPRESENTATIVE 		DATE

**THIS FORM IS FOR BAIL BOND/GENERAL BAIL BOND/SURETY RECOVERY AGENT RECORD
KEEP THIS FORM IN YOUR FILE FOR FUTURE VERIFICATION**